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PTO/SB/01 (10-00)

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted With Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	PU040223
	First Named Inventor	Klaus Anderle
	COMPLETE IF KNOWN	
	Application Number	/
	Filing Date	
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD AND DEVICE FOR THE COLOR CORRECTION OF DIGITAL IMAGE DATA

the specification of which (Title of the Invention)

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

October 29, 2004

as United States Application Number or PCT International

Application Number PCT/IB2004/003866 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
03300181.9	EP	October 29, 2003	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
04008969.0	EP	April 15, 2004	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 4]

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DECLARATION — Utility or Design Patent Application

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Name		JOSEPH S. TRIPOLI					
Address		THOMSON LICENSING INC.					
Address		PO Box 5312					
City PRINCETON				State NJ		ZIP 08543-5312	
Country USA			Telephone 609-734-6892			Fax (609) 734 - 6888	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name KLAUS				Family Name ANDERLE or Surname			
Inventor's Signature <i>Dr. K. Adler</i>						Date 05.04.2005	
Residence: City Darmstadt			State		Country DE		Citizenship DE
Mailing Address Gutenberg Str. 29							
City Darmstadt			State		ZIP 64289		Country DE
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name PIERRE				Family Name OLLIVIER or Surname			
Inventor's Signature					Date		
Residence: City Culver City			State CA		Country USA		Citizenship FR
Mailing Address 4214 Lafayette Place							
City Culver City			State CA		ZIP 90232-2820		Country USA
<input checked="" type="checkbox"/> Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.							

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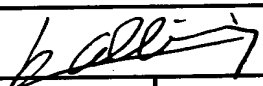
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Name	JOSEPH S. TRIPOLI				
Address	THOMSON LICENSING INC.				
Address	PO Box 5312				
City	PRINCETON	State	NJ	ZIP	08543-5312
Country	USA	Telephone	609-734-6892	Fax	(609) 734 - 6888
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	KLAUS	Family Name ANDERLE or Surname			
Inventor's Signature					Date
Residence: City	Darmstadt	State		Country	DE
Citizenship	DE				
Mailing Address					
Gutenberg Str. 29					
City	Darmstadt	State		ZIP	64289
Country	DE				
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	PIERRE	Family Name OLLIVIER or Surname			
Inventor's Signature					Date
Date	X April 5, 2005				
Residence: City	Culver City	State	CA	Country	USA
Citizenship	FR				
Mailing Address					
4214 Lafayette Place					
City	Culver City	State	CA	ZIP	90232-2820
Country	USA				
<input checked="" type="checkbox"/> Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

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DECLARATION

 ADDITIONAL INVENTOR(S)
 Supplemental Sheet
 Page 3 of 4

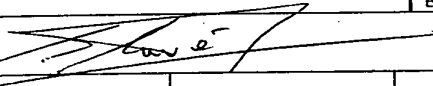
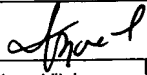
Name of Additional Joint Inventor, if any:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))			Family Name or Surname		
JURGEN			STAUDER		
Inventor's Signature <i>[Signature]</i>			Date 14/4/2005		
Residence: City	Montreuil sur Ille	State	Country	FR	Citizenship
DE					
Mailing Address					
Mailing Address Le Bas Epinay					
City	Montreuil sur Ille	State	ZIP	35440	Country
FR					
Name of Additional Joint Inventor, if any:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))			Family Name or Surname		
LAURENT			BLONDE		
Inventor's Signature			Date		
Residence: City	Thorigne-Fouillard	State	Country	FR	Citizenship
FR					
Mailing Address					
Mailing Address 30, rue Pierre-Jakez Helias					
City	Thorigne-Fouillard	State	Zip	35235	Country
FR					
Name of Additional Joint Inventor, if any:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))			Family Name or Surname		
THIERRY			BOREL		
Inventor's Signature			Date		
Residence: City	Noyal sur Vilaine	State	Country	FR	Citizenship
FR					
Mailing Address					
Mailing Address 12 bis rue du commandant Desguez					
City	Noyal sur Vilaine	State	Zip	35530	Country
FR					

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DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental Sheet
Page 3 of 4

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
JURGEN		STAUDER	
Inventor's Signature		Date	
Residence: City	Montreuil sur Ille	State	Country FR
		Citizenship	DE
Mailing Address			
Mailing Address Le Bas Epinay			
City	Montreuil sur Ille	State	ZIP 35440
		Country	FR
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
LAURENT		BLONDE	
Inventor's Signature 		Date	
Residence: City	Thorigne-Fouillard	State	Country FR
		Citizenship	FR
Mailing Address			
Mailing Address 30, rue Pierre-Jakez Helias			
City	Thorigne-Fouillard	State	Zip 35235
		Country	FR
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
THIERRY		BOREL	
Inventor's Signature 		Date	
Residence: City	Noyal sur Vilaine	State	Country FR
		Citizenship	FR
Mailing Address			
Mailing Address 12 bis rue du commandant Desguez			
City	Noyal sur Vilaine	State	Zip 35530
		Country	FR

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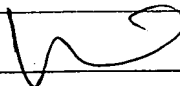


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DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental Sheet
Page 4 of 4

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
KHALED		SARAYEDDINE	
Inventor's Signature 		Date	
Residence: City	Nouvoilour	State	Country FR
		Citizenship	FR
Mailing Address			
Mailing Address 12. Rue du Douaire			
City	Nouvoitou	State	ZIP 35410
		Country	FR
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	Country
		Citizenship	
Mailing Address			
Mailing Address			
City		State	Zip
		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	Country
		Citizenship	
Mailing Address			
Mailing Address			
City		State	Zip
		Country	

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PTO/SB/81 (11-04)

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and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	PIERRE OLIVIER et al.
Title	METHOD AND SYSTEM FOR COLOR CORRECTION OF DIGITAL IMAGE DATA
Art Unit	
Examiner Name	
Attorney Docket Number	PU040223

I hereby appoint:

☒ Practitioners at Customer Number

Customer Number 24498

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

☐ Firm or Individual Name

Joseph J. Laks, Patent Operations

Address

Address

P. O. BOX 5312

City

PRINCETON

State

NJ

ZIP

08543-5312

Country

USA

Telephone

609-734-6820

Fax

609-734-6888

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

ROBERT B. LEVY, REG. NO. 28 234

Signature

Date

3/16/06

Telephone

609-734-6820

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 3 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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We,

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46, Quai A. Le Gallo
F-92100 Boulogne-Billancourt
France

do hereby grant

Joseph J. Laks
Vice President
Thomson Licensing Inc.
Two Independence Way
Princeton, New Jersey 08540

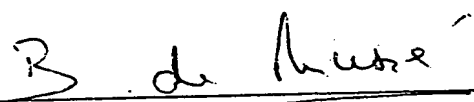
a revocable, non-exclusive and delegable power of attorney to act for us (including the signing of requisite documents) in proceedings concerning patents and applications for patents, including international and other multi-country patents and applications for patents, in our name in the Patent Offices in all countries worldwide from July 1, 2005

DATED this ____14th____ day of __February__, in the year 2006.

Signature:

Typed Name As Signed:

Title:


Béatrix de Russé
Authorized Representative,
Vice-President Intellectual Property & Licensing

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**POWER OF ATTORNEY
THOMSON LICENSING**

THOMSON LICENSING
46, Quai A. Le Gallo
F-92100 Boulogne-Billancourt
France

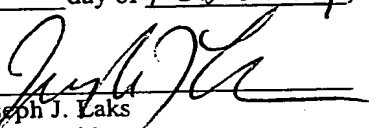
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Harvey D. Fried - Sr. Patent Counsel/Manager
Ronald H. Kurdyla - Sr. Patent Counsel/Manager
Robert D. Shedd - Sr. Patent Counsel/Manager
Robert B. Levy - Sr. Patent Counsel/Manager
Frank Y. Liao - Sr. Patent Counsel/Manager
Reitseng Lin - Sr. Patent Counsel
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Michael A. Pugel - Patent Agent
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Princeton, New Jersey 08540*

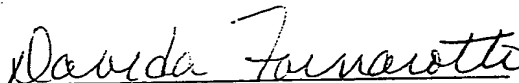
a revocable, non-exclusive and delegable power of attorney to act for us (including the signing of requisite documents) in proceedings concerning patents and applications for patents, including international and other multi-country patents and applications for patents, in our name in the Patent Offices in all countries worldwide from July 1, 2005.

DATED this 27th day of February, 2006.

SIGNED


Joseph J. Laks
Vice President
Thomson Licensing Inc. and
Attorney In Fact for
THOMSON LICENSING

WITNESS



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